Fundamentals Of Wound Management

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Wound Management

What are we trying to achieve?
‘Maintaining a controlled set of local conditions that is able to sustain the complex cellular activity occurring in wound healing should be the primary aim of wound management’

(Flanagan, 2000)
Wound Bed Preparation

‘the management of a wound in order to accelerate endogenous healing or to facilitate the effectiveness of other therapeutic measures’

(Falanga, 2000)
In an ideal world....

- A well vascularised wound bed with granulation tissue
- Adequate oxygen and nutrients
- Rich source of viable epidermal cells at the wound edge
- The management of bacteria/devitalised tissue
How do we choose a dressing?
What are wound dressings for?

- Wound protection
- To manage exudate
- To promote healing
- To provide an optimum healing environment
- To assist autolysis when debriding
- To manage symptoms such as odour, pain etc
- To reduce inflammatory status
Are there disadvantages to dressings

- Can increase problems if used inappropriately (Skin stripping, infection, inflammation, excoriation/ maceration, friction, trauma)
- Patients can develop sensitivities/ allergies to them
- Too much choice?
- Confusion re what they actually do can result in inappropriate use.
- Cost (Oxford = £1.6 – 1.8M per year)
How do we obtain dressings in Oxford?

- 1st line products = ONPOS
- 2nd line (Antimicrobials, step up superabsorbents, charcoal, Urgotul) = FP10
- Specialist dressings (Larvae, Protease inhibitor/ Urgostart contact, Specialist gel sheets, or alternatives to formulary options that a patient may have reacted to) = TV approval only.
What’s New....

• Adaptic touch
• Allevyn life
• Biatain super adhesive
• Sorbion sachet extra
Specialised Dressings
How do we achieve consistent wound bed management?...

- Tissue
- Infection/Inflammation
- Moisture
- Edges

(Schultz et al, 2003)
So what do we do about it?

Debridement is the removal of devitalised tissue or foreign material from a wound

(NICE, 2001)

- Sharp
- Surgical
- Enzymatic
- Larval
- Mechanical
- Maintenance debridement
Promoting Natures Way...

**Autolytic Debridement:** Selective process which liquefies & separates dead tissue from healthy tissue (schultz et al, 2003)

- Hydrogels
- Alignate Dressings
- Specialist debriders
Debriders
Protecting the birthday suit!

- Protection
- Sensation
- Heat regulation
- Storage & synthesis
- Excretion
- Absorption
- Water resistance
Getting the right Moisture

- Skin has an acid mantle of pH 4-6.8 that’s a mean pH of 5.5
- Acid mantle is a mixture of secretions
- Skin is acidic to kill bacteria
- Cleaning with soap and water can contribute to the development of wounds.
- Emollients and Creams

( Cooper&Gray,2001)
Moisture - a fine balance

The theory of moist wound healing: -

George Winter (1967):

• Compared the healing rate of surgically created wounds covered with a flim dressing compared with those left exposed to the air.

• Demonstrated that epithelialisation and regeneration of connective tissue is increased with a moist wound bed.

• Dry wound bed = scab formation = delayed healing

• Occlusion promotes warm environment
Not enough moisture...
Moisturisers/Barriers
Absorbents
Infection
What are the primary objectives

Optimising host resistance....

Is this localised or systemic?

- Cellulits – extending at least 1cm beyond wound margin and underlying deep structures
- Bacteraemia/sepsis
- Definite diagnosis of pathogens
- Immunosuppressed such as diabetics
Localised action!
Bringing Closure

• Sound wound bed preparation is required.
• Ultimate aim of wound care
• Epithelialisiation will not occur unless T.I.M have been achieved.
Causes of Pain?
CAUSE OF PAIN?
Getting to the heart of the issue

- Ask the questions
- Acknowledge the patients issues
- Identify their key needs
- Address these in your management plan
- Follow-up next visit
- Patient objectives are not always ours
- Patient education = Patient empowerment

(Acton, 2011)
DOCUMENTATION

• **Specific** – clear care plans
• **Measured** - meaningful objectives
• **Achievable** – action orientated
• **Realistic** - within your capabilities
• **Timely** – specific re-assessment dates
What are you recording?

- Diagnosis
- Risk factors to healing
- Treatment objectives
- Management Plan
The Wound Management Cycle

1. Start with patient
2. Identify wound aetiology
3. Perform TIME assessment and agree clear goals
4. Treat and evaluate TIME Interventions
5. Healed

(Dowsett and Newton, 2011)
IT AIN'T WHAT YOU DO
IT'S THE WAY THAT YOU DO IT

THE FUN BOY THREE
WITH BANAHARAMA

Chrysalis
Evidence-Based Practice

European Wound Management Association
http://www.ewma.org/

Wounds International
http://www.woundsinternational.com
Thank-you!

"That's all folks!"